

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	71058	2-03-00
O.I.P.E. CLASSIFIER		10	2-29-00
FORMALITY REVIEW	EN	64934	4 10 00
RESPONSE FORMALITY REVIEW	EN	64934	5 22 00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/15/00
2	9/15/00
3	9/15/00
4	9/15/00
5	9/15/00
6	9/15/00
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8	9/15/00
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49	9/15/00
50	9/15/00

Claim	Date
Final	
Original	
51	9/15/00
52	9/15/00
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54	9/15/00
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99	9/15/00
100	9/15/00

Claim	Date
Final	
Original	
101	9/15/00
102	9/15/00
103	9/15/00
104	9/15/00
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148	9/15/00
149	9/15/00
150	9/15/00

If more than 150 claims or 10 actions  
staple additional sheet here

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